AR734

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	09/529206	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—						51		/						
2	/						52			/					
3	/						53		/						
4	/						54			/					
5	/						55		/						
6		34					56			/					
7		34					57			/					
8		34					58		/						
9		34					59			85					
10		/					60			85					
11		/					61			85					
12		/					62			85					
13		/					63			85					
14		/					64			85					
15		/					65			85					
16		/					66		/						
17		/					67			85					
18	/						68			85					
19		/					69			85					
20		/					70								
21		/					71								
22		/					72								
23		/					73								
24	/						74								
25		—					75								
26		/					76								
27		/					77								
28		85					78								
29	/						79								
30		85					80								
31		85					81								
32	/						82								
33	/						83								
34		/					84								
35		/					85								
36	/						86								
37		/					87								
38		/					88								
39		7					89								
40		7					90								
41		7					91								
42		7					92								
43		7					93								
44		7					94								
45		7					95								
46		7					96								
47		7					97								
48		37					98								
49	/						99								
50		—					100								
TOTAL IND.		↓		↓		↓	TOTAL IND.	16		↓		↓		↓	
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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